Your feedback is important. This questionnaire was developed with mental health consumers. It is based on the Recovery Principals of the Australian National Standards for Mental Health Services. It aims to help mental health services and consumers work together to build better services. If you would like to know more about the survey, please ask for an information sheet.

Completion of the survey is voluntary. All information collected in this questionnaire is anonymous. None of the information collected will be used to identify you. It would be helpful if you could answer all questions, but please leave any question blank if you don’t want to answer it.

*Please put a cross in just one box for each question, like this…*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 🗷 | ◼ | ◼ | ◼ | ◼ | ◼ |

*These questions ask* ***how often*** *we did the following things...*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas: | Never | Rarely | Sometimes | Usually | Always | Not applicable |
| 1. You felt comfortable using this service
 | ◼ | ◼ | ◼ | ◼ | ◼ |  |
| 1. Staff showed respect for how you were feeling
 | ◼ | ◼ | ◼ | ◼ | ◼ |  |
| 1. Staff were positive for your future
 | ◼ | ◼ | ◼ | ◼ | ◼ |  |
| 1. You had opportunities for your family and friends to be involved in your support or care if you wanted
 | ◼ | ◼ | ◼ | ◼ | ◼ | ◼ |
| 1. You were listened to in all aspects of your support or care
 | ◼ | ◼ | ◼ | ◼ | ◼ |  |
| 1. Staff worked as a team in your support or care (for example, sharing information and attending meetings with you)
 | ◼ | ◼ | ◼ | ◼ | ◼ |  |
| 1. The support or care available met your needs
 | ◼ | ◼ | ◼ | ◼ | ◼ | ◼ |

*These questions ask* ***how well*** *we did the following things…*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas: | Poor | Fair | Good | Very Good | Excellent | Not applicable |
| 1. Information available to you about this service (such as how the service works, what to expect, how to make a complaint, upcoming changes that may affect you, etc.)
 | ◼ | ◼ | ◼ | ◼ | ◼ |  |
| 1. Explanation of your rights and responsibilities
 | ◼ | ◼ | ◼ | ◼ | ◼ |  |
| 1. Access to peer support (such as information about peer workers, referral to peer programs, advocates, etc.)
 | ◼ | ◼ | ◼ | ◼ | ◼ | ◼ |
| 1. Development of a plan with you that addresses all of your support or care needs (such as accommodation, advocacy, employment, health, etc.)
 | ◼ | ◼ | ◼ | ◼ | ◼ |  |
| 1. Convenience of the location of the service for you (such as access to parking or transport, distance from your home, etc.)
 | ◼ | ◼ | ◼ | ◼ | ◼ | ◼ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| As a result of your experience with the service in the last 3 months or less please rate the following: | Poor | Fair | Good | Very Good | Excellent | Not applicable |
| 1. Overall, how would you rate your experience with this service in the last 3 months?
 | ◼ | ◼ | ◼ | ◼ | ◼ |  |

|  |
| --- |
| 14. My experience would have been better if… |
|  |
|  |
|  |

|  |
| --- |
| 15. The best things about this service were… |
|  |
|  |
|  |

*The information in this section helps us to know if we are missing out on feedback from some groups of people. It also tells us if some groups of people have a better or worse experience than others. Knowing this helps us focus our efforts to improve services. No information collected in this section will be used to identify you*.

|  |  |
| --- | --- |
| 16. What is your gender? | 🞏1 Male 🞏2 Female 🞏3 Other  |
|  |  |  |
| 17. What is the main language you speak at home? | 🞏1 English Other  |  🞏2 |
|  |  |  |  |
| 18. Are you of Aboriginal or Torres Strait Island origin? | 🞏1 No |  |  |
| 🞏2 Yes - Aboriginal |  |  |
|  | 🞏3 Yes – Torres Strait Islander  |  |
|  | 🞏4 Yes – Aboriginal and Torres Strait Islander |
|  |  |  |  |
| 19. What is your age? | 🞏1 Under 18 years | 🞏2 18 to 24 years |
|  | 🞏3 25 to 34 years | 🞏4 35 to 44 years |
|  | 🞏5 45 to 54 years | 🞏6 55 to 64 years |
|  | 🞏7 65 years and over |  |
|  |  |  |
| 20. How long have you been receiving support or care from this service? | 🞏1 Less than 24 hours | 🞏2 1 day to 2 weeks |
| 🞏3 3 to 4 weeks | 🞏4 1 to 3 months |
|  | 🞏5 4 to 6 months | 🞏6 More than 6 months |
|  |  |  |
| 21. Did someone help you complete this survey? | 🞏1 No |  |
|  | 🞏2 Yes – family or friend |  |
|  | 🞏3 Yes - language or cultural interpreter |
|  | 🞏4 Yes – lived experience/peer worker |
|  | 🞏5 Yes – another staff member from the service |
|  | 🞏6 Yes – someone else |